PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/530465

| CLAIMS AS FILED - PART I | | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
|--|--|---|--|--|---|-----|---------------------|------------------------|-------------------------------|------------------|------------------------|
| <u> </u> _ | | · | (Column 1) |) | (Column 2) | _ | 1176 | <u> </u> | 7. 1 | SMALL | NIITY |
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARGE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = \$50/\$100 | | All other situations = \$ 100 / \$ 200 | | EXAM FEE | | | EXAM FEE | 200 |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | All other situations \$ 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | /40 minus 100 = | | 40150= | | X \$ 125 = | | | X \$ 250 = | 250 |
| TOTAL CHARGEABLE CLAIMS | | | 18 minus | 20 = . | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = . | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | +\$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 1150 |
| 4 | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | , | CLAIMS REMAINING AFTER AMENDMENT | | NUMBER PREVIOUS PAID FOR | PRESENT LY EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | .18 | Minus *1 | 20 | 8 | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | 2 | Minus • | 3 | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| | | | | | | | | | | | |
| _ | | (Column 1) | , | (Column : | | 3) | | | | | |
| KENT B | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUS PAID FOR | PRESENT LY EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| VDME | Total | • | Minus ** | • | = | _]. | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDM | independent | • | Minus ** | • | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEPEN | DENT CLA | MM | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | • | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. | |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". """ If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |